

# Editorial

## ORAL HEALTH – GOOD FOR LIFE



Dr. John P. O'Keefe

April is National Oral Health Month and there are many activities going on around the country in conjunction with this event. CDA has been involved with this public awareness campaign since 1973. Raising public awareness about the importance of oral health issues is an important part of CDA's mission. Our members tell us that they want CDA to be active in this area. You can find out about the range of activities that our organization is undertaking for this campaign at [www.cda-adc.ca/nohm](http://www.cda-adc.ca/nohm).

The theme for this year's campaign is "Oral health – good for life." I believe this phrase can be interpreted 2 ways: you can maintain good oral health throughout your lifetime and good oral health has a positive impact on general health. The latter interpretation ties in with research efforts in recent years to show that periodontal diseases are correlated with cardiovascular problems, diabetes, low birth weight and pre-term birth.

You can scarcely have missed the plethora of media reports in recent months that speak of the links between periodontal disease and heart disease. Some of the more irresponsible of these reports scream headlines as dramatic as "Floss or Die!" Partially in response to such hyperbole, the Royal College of Dental Surgeons of Ontario (RCDSO) organized a very interesting workshop that I attended in early February.

The purpose of the workshop was to provide an update on the science behind the linkage of periodontal diseases and systemic health. It also explored how the dental profession could best disseminate responsible information about this linkage to a range of stakeholders.

The take-away messages from the workshop were finely nuanced, not lending themselves to newspaper headlines. There does seem to be a strong 2-way correlation between periodontal diseases and diabetes. A diabetic, especially one with poor glycemic control, appears to be particularly at risk of developing periodontal diseases. Similarly, periodontal diseases appear to exacerbate diabetes.

No cause and effect relationship has been established between periodontal diseases and cardiac conditions, even though there appears to be a strong theoretical basis for a link between the 2 disease processes. It may well be that the association between the disease processes is underpinned by the nature of reaction of the different body systems to infectious microorganisms. The evidence about the link between periodontal diseases and low birth weight or pre-term birth appears to be equivocal.

An epidemiologist attending the workshop told me that he believes there are definite associations between periodontal diseases and diabetes as well as heart disease. However, to

verify a cause and effect relationship, he advised of the need to conduct clinical trials, to prove that people would be at less risk of developing these systemic conditions if they were treated for their periodontal diseases.

Who knows whether a true cause and effect relationship will ever be proven. In the meantime, we have a duty to promote research into the links between oral and general conditions and to give well-founded information to our patients and medical colleagues about the links between oral diseases and systemic conditions.

It is most important that the messages coming from individual practitioners, and from associations and regulatory bodies alike, are responsible and similar in content and tone. I congratulate the RCDSO for organizing this workshop and for its desire to cooperate with other organizations. When the various arms of the dental profession work together for the public good, everybody benefits.

Such cooperation between dental organizations in the context of oral health improvement brings to mind the American Dental Association's "Give Kids a Smile" program ([www.ada.org](http://www.ada.org)). This dental care access day for underserved children is a resounding success, operating across many states with strong support from corporate and legislative circles.

Similar dental care access days exist in a number of Canadian provinces. Perhaps if we coordinated these efforts on a national scale, we could magnify our efforts to the benefit of vulnerable groups in Canada. It would make a nice centrepiece for future National Oral Health Month campaigns in this country.

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